



Stroke
Association

Finding **strength**
through **support**

Saving Brains 2026 Update Report

What is **thrombectomy**?

Thrombectomy is one of the most effective medical interventions ever discovered, with some doctors calling it 'close to a miracle' treatment.

'I owe my life to the team at the Royal Victoria Hospital who, when contacted out of hours, made the decision to come to work and save my life. I am, and forever will be, grateful for their good will.'

Clodagh, stroke survivor

The majority of strokes are caused by a blood clot blocking an artery in the brain, depriving it of blood supply.¹ For as long as the clot stays there, brain tissue can die. Thrombectomy is an acute treatment for stroke where a doctor manually removes the clot, immediately allowing blood to flow freely again.

It is a very time-sensitive treatment. The quicker the procedure happens, the more brain tissue the doctor can save. Thrombectomy can be performed up to 24 hours after a stroke but is most effective in the first six hours.²

It is estimated that 10-15% of stroke patients are eligible for a thrombectomy³ and when delivered it can:

- Restore blood flow to the brain within minutes.
- Prevent severe, lifelong disability.
- Dramatically increase the chances of independent recovery.
- Reduce the risk of death.

Yet in Northern Ireland, access remains limited to 8.00am – 5.00pm, seven days a week, meaning that for most of the day, patients who would benefit are simply unable to receive treatment.

Over 140 people every year in Northern Ireland miss access to thrombectomy because of these restricted hours, resulting in avoidable harm for patients and avoidable pressure on health and social care services.⁴

A missed commitment in the Stroke Action Plan

The 2022 Stroke Action Plan committed to moving to a 24/7 thrombectomy service by the end of 2024.⁵ However, this was not delivered, and no new timeframe has been established.

Fulfilling the Reset Agenda

The Health and Social Care Reset Plan is focused on stabilising the system, improving productivity and delivering visible improvements for patients at pace.⁶ Moving to a 24/7 thrombectomy service is a clear opportunity to demonstrate that ambition in action and would align with the commitment to support early adoption of new medical procedures and treatments.⁷

Thrombectomy is one of the most cost-effective interventions in the system, saving around £47,000 per patient over five years by reducing disability, bed days and long-term care costs.⁸

While improvements have been made, regional variation continues with those living furthest from the Royal Victoria Hospital being less likely to receive this life changing treatment. Delivering a 24/7 service would reduce unwarranted variation and shift demand away from high-cost and often, long-term care. Increasing the service is a practical, high-impact way to translate the Reset from strategy into delivery.



‘Before my stroke, I had never heard of a thrombectomy. But it’s a truly remarkable procedure. There are only a few consultants who are qualified to do this procedure in Northern Ireland but as luck would have it, they were on call the morning of my stroke. I was lucky but many aren’t.’

Paul, stroke survivor

Unanimous support in the **Assembly**

On 10 February 2026, the Northern Ireland Assembly debated and unanimously supported an Opposition Day Motion calling for the delivery of a fully operational 24/7 thrombectomy service. The motion recognised thrombectomy as a proven, life-saving intervention and expressed concern that limited hours deny eligible patients the care they need.⁹

During the debate, the Minister of Health committed to:

- Reviewing funding options, including a phased approach.
- Exploring cross border cooperation.
- Ensuring that a full business case is developed.

These commitments mark important progress, but delivery now depends on sustained political will.

What we want to see

Actions we want to see from the Minister:

- A named delivery owner for 24/7 expansion.
- A published timeframe with key milestones.
- A finalised business case.
- A commitment to funding and an allocated budget holder.
- Established workforce arrangements, including rota planning, recruitment and staff training for 24/7 delivery.

Comparison with the **Republic of Ireland**

In the Republic of Ireland, people already have access to 24/7 thrombectomy in Beaumont Hospital in Dublin and Cork University Hospital.

The 2024 Irish National Audit of Stroke report records a national thrombectomy rate of 10% for ischemic strokes.¹⁰ The Republic of Ireland calculates thrombectomy rate differently than Northern Ireland, England and Wales but, even with that considered, the rate is higher than anywhere in the UK.

Notably:

- Dublin moved immediately to a 24/7 model.
- It began with limited staff and scaled over time.
- The service evolved as demand grew.

The experience in the Republic of Ireland shows that moving to 24/7 delivery is achievable, and that developing the service over time can successfully and sustainably increase access.

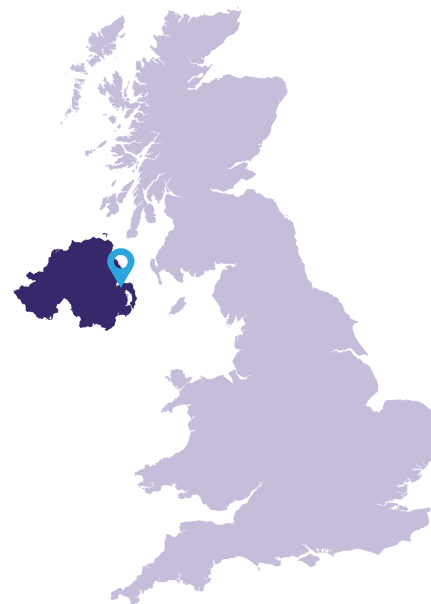
‘Thrombectomy is a life-changing procedure which I was fortunate enough to access when I had my stroke five years ago. Everyone who is eligible should have that same opportunity.’

Kim, stroke survivor

Comparison with **England**

Northern Ireland currently has the highest thrombectomy rate in the UK. However, while momentum continues to grow in England, this is not the case in Northern Ireland. According to the Sentinel Stroke National Audit Programme (SSNAP), the quarterly thrombectomy rate has grown by 24% in England and fallen by 31% in Northern Ireland since April 2023.¹¹

Westminster recently committed to establishing 24/7 thrombectomy provision across England by April 2026.¹² This presents a clear opportunity for Northern Ireland to align with that ambition and avoid any widening gap in provision.



Stroke teams need **Executive support**

Northern Ireland's stroke teams worked hard to grow the thrombectomy service at the Royal Victoria Hospital, but they now need the Executive's backing. They've a proven track record of delivery and improving services when they are provided with resources to reform and innovate. This is demonstrated by the rollout of the other critical stroke treatment, thrombolysis, following a commitment in the previous Northern Ireland Stroke Strategy.

With a strong evidence base for thrombectomy, many nations across the world are investing in provision, the World Health Organization (WHO) recently declared it an effective intervention in cardiovascular disease care.¹³ The choice is either for Northern Ireland to be left behind or to back the stroke workforce in ensuring everyone has access to this life-changing treatment, no matter when they have a stroke.



'Thrombectomy is a life-changing treatment which patients can have within the first few hours of a stroke. I would say the most amazing and satisfying thing when you do the procedure is when you see a patient recover on the table.'

Dr Sanjeev Nayak, Interventional Neuro Radiologist

Case Study

Paul was 41 and working as a drama teacher when he had a massive stroke at home in 2016. His wife, Suzanne, immediately noticed that something was seriously wrong, his speech was slurred and he couldn't move his hand. Because she recognised these as FAST symptoms, she phoned for an ambulance straight away. A rapid response car arrived within minutes, followed by several paramedic crews who quickly realised how unwell Paul was.

Rather than taking him to his local hospital in Craigavon, the team made the critical decision to bring him directly to the Royal Victoria Hospital, where he was able to receive a thrombectomy.

Doctors warned Suzanne that Paul's situation was extremely serious. The clot was significant, and they told her he had only around a 10% chance of surviving the procedure. But just three hours later, the Consultant returned with far better news than anyone expected- the clot had been removed on the first attempt. Paul was then moved to high dependency care to stabilise.

Over the following days he slowly began to improve, and once he was strong enough he was transferred back to Craigavon for rehabilitation. While Paul, who is here in the long gallery today, still lives with some lasting effects of the stroke, access to thrombectomy saved his life. Since getting his thrombectomy he has been able to achieve one of his ambitions to walk the Camino de Santiago trail.

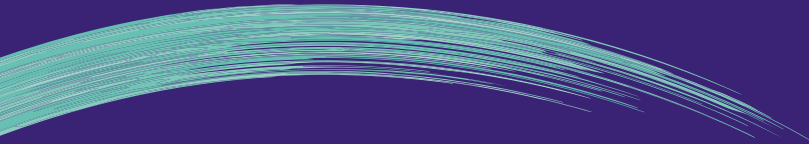


Paul said

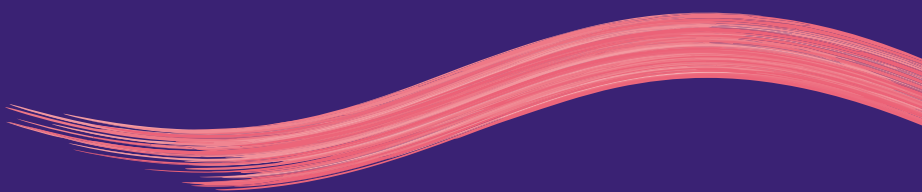
'I am so grateful to the ambulance team for blue-lighting me straight to Royal Victoria Hospital in Belfast. Thankfully I was eligible for a thrombectomy which saved my life. It's vital that thrombectomy is available all the time for anyone who needs it.'

Endnotes

1. World Health Organization (2025) Cardiovascular diseases (CVDs). WHO Fact Sheet. Available at: <https://www.who.int>
2. NICE (2019). Stroke & Transient Ischaemic Attack in over 16s. Available at: www.nice.org.uk/guidance/ng128
3. McMeekin, P et al. (2024). The impact of large core and late treatment trials: An update on the modelled annual thrombectomy eligibility of UK stroke patients. *European Stroke Journal*.
4. Assuming a target rate of 10% of patients receiving a thrombectomy, in 2024/25 4.8% of patients missed out which was around 140 people.
5. Department of Health Northern Ireland (2022) Reshaping Stroke Care: Saving Lives, Reducing Disability – Stroke Action Plan June 2022. Belfast: Department of Health. Available at: <https://www.northernireland.gov.uk/sites/default/files/publications/health/doh-Stroke%20Action%20Plan%20June%202022.PDF>
6. Department of Health (Northern Ireland) (2025) Health and Social Care Reset Plan.
7. Ibid., at p. 8.
8. Guijarro, P. et al. (2017). Budget implications for the UK NHS of implementing mechanical thrombectomy for the treatment of acute ischaemic stroke patients: calculation with the solitaire TM revascularization device. *Journal of Neurology & Neurophysiology*, 8(2).
9. Northern Ireland Assembly. (2026) Motion: Delivery of a 24/7 Thrombectomy Service. AIMS Portal. Available at: <https://aims.niassembly.gov.uk/plenary/details.aspx?sp=0&pid=2&doc=469237>
10. National Office of Clinical Audit (NOCA) (2025) Irish National Audit of Stroke: National Report 2024 and Organisational Audit Report 2025, p. 25. Available at: <https://a.storyblok.com/f/265949/x/e43e79fe0f/irish-national-audit-of-stroke-national-report-2024-and-organisational-audit-report-2025-final.pdf>
11. SSNAP (Sentinel Stroke National Audit Programme) (n.d.) National Results – Clinical audit. Available at: <https://www.strokeaudit.org/results/Clinical-audit/National-Results.aspx>
12. House of Commons (2025) World Stroke Day. Hansard, 28 October. Available at:
13. <<https://hansard.parliament.uk/Commons/2025-10-28/debates/675A24D7-A777-47E2-AFB8-9FB226A99107/WorldStrokeDay>>
14. World Health Organization (2024) Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, 2nd ed. Available at: <https://www.who.int/publications/i/item/9789240091078>



Every day in the UK, another 240 people wake up to the catastrophic impact of a stroke. With strength, determination and the right support, recovery is possible.



Stroke Association is the leading charity in the UK providing lifelong support for all stroke survivors and their families. We provide tailored support, fund vital scientific research, and campaign to secure the best care and support for everyone affected by stroke. We can only do this with your help.

Learn more about stroke support: **stroke.org.uk**



Finding **strength** through **support**

Contact us

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